



**CITY OF MISSOURI CITY
HOUSING REHABILITATION PROGRAM APPLICATION
FOR OWNER-OCCUPIED PROPERTIES
Administered by
FIFTH WARD COMMUNITY REDEVELOPMENT CORPORATION**

***As part of the U.S. Department of Housing and Urban Development's
Community Development Block Grant Program all work is free of charge to the homeowner***

The applicant must complete the attached application and fulfill all requirements.

Once the initial qualifications are met, a representative from the City's contractor – 5th Ward Community Redevelopment Corporation – will set up an appointment to assess the repairs and improvements needed and determine the start date for the work.

The applicant must be a resident of Missouri City, Texas; must own and reside fulltime in the home; must be low- to moderate-income (see Income Eligibility Sheet).

All required documentation must be delivered to:

CDBG Housing Rehabilitation Program
City of Missouri City Development Services Department
1522 Texas Parkway, Missouri City, TX

Listed below are the documents needed in order to process your application:

- Completed Application form that is attached.
- Income documentation for **all** adults 18 years and older residing in home. Must include latest IRS Form 1040. In addition, include other relevant documentation (*Ex: Social Security Statement, SSI Statement, Retirement Benefits, Paystub, etc.*)
- Proof of Missouri City residency. (*utility statement, copy of Driver's License showing Missouri City address, or any other legal document showing address*)



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FOR OWNER-OCCUPIED PROPERTIES



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Note: Assistance in completing the application is available. For additional information, please call 281-403-8500. All applications are confidential and shall be used ONLY for the purpose of determining eligibility for the City of Missouri City Housing Rehabilitation Program. Access to this information is limited to the Housing Rehabilitation Program Staff, the Fifth Ward CRC Housing Rehabilitation Staff and the HUD CDBG Program representatives.

☐ Check here to report an emergency repair need (Leaking roof, failing heating system, etc.) requiring immediate assistance.

Name of Property Owner(s): _____

Property Address: _____

Property Owner Contact Information: Home Phone: _____ Cell/Other Phone: _____

Property Owner Email Address: _____

PROPERTY OWNER HOUSEHOLD INFORMATION

Complete the following chart including all permanent residents of the property owner's household, including children.

| Name | Age | Legally Disabled (Y or N) | Race | Social Security # (Only last 4 digits) | Source of Income* | Estimated Total Gross Income Last 12 Months* |
|------|-----|---------------------------|------|--|-------------------|--|
| | | | | | | \$ |
| | | | | | | \$ |
| | | | | | | \$ |
| | | | | | | \$ |
| | | | | | | \$ |
| | | | | | | \$ |

**Include wages, pensions, social security, unemployment, veterans benefits, child support, workers compensation, alimony, rental income, interest income, etc. for all household members 18 years of age or older. Estimate total income, verification will be required at a later date.*

Demographic information is confidential and collected for reporting requirements only. The Housing Rehabilitation Program does business in accordance with the Federal Fair Housing Law and Federal Equal Credit Opportunity Act, and does not discriminate against any person because of race, color, age, religion, sex, marital status, or national origin.

Does any member of the owner(s)' household or immediate family member (spouse, parent, children or siblings) work (whether full or part time) as an employee of or serve as an elected or appointed official (whether paid or unpaid) of either the City of Missouri City or Fifth Ward CRC? (Check one): ☐ Yes ☐ No

If yes, please indicate the household or family member name and position held:

Name: _____ Position: _____ Organization: _____

PROPERTY INFORMATION

Year this structure was built: _____

Do you have flood Insurance? ☐ Yes ☐ No

Complete the following chart for each unit in the property – one line for each unit*. (A single family home = one unit.)
The total number of units listed below must match the number of units reported at the top of page 1 of this application.

| # Bed- rooms in Unit | Total # of Occupants in Unit (including children) | # of Elderly (60+) Occupants in Unit | # of Children under 6 years of age in Unit | # of Children 6-18 years of age in Unit |
|----------------------|---|--------------------------------------|--|---|
| | | | | |
| | | | | |

*Income information for non-owner/rental units will be required at a later date.

REPAIRS REQUIRED

Please check on the chart below all repairs for which you are seeking assistance from the CITY OF MISSOURI CITY Housing Rehabilitation Program.

| " | Needed Repair | " | Needed Repair | " | Needed Repair |
|---|--------------------------------------|---|------------------------------|---|-----------------------------|
| | Septic System/Sewer Hookup | | Lead or Asbestos Removal | | Accessibility (Ramps, etc.) |
| | Plumbing Repairs | | Windows | | Painting |
| | Electrical Repairs | | Roof Repairs | | Porch/Steps |
| | Heat/Hot Water | | Insulation/Energy Efficiency | | Foundation/Structural |
| | Interior Walls, Ceilings, Floors | | Other (Describe): | | |
| | Emergency Repairs Needed (Describe): | | | | |

I/We hereby certify that all information provided is accurate to the best of my/our knowledge. I/We authorize the City of Missouri City Housing Rehabilitation Program (HRP) to verify any information relating to this application. I/We certify that I/we are in good standing with the City Tax Collector, and that this property has no outstanding water or sewer liens, nor any state, federal or local tax liens. I/We certify that any mortgages on this property are in good standing and are not in foreclosure, nor is the property affected by bankruptcy proceedings of any kind. No mortgage or promissory note secured by this property is in default. I/We understand that falsification of any information provided to the Program may result in termination of this application.

All owners on the property deed must sign and date this application below:

Owner: _____ Date: _____

Owner: _____ Date: _____

Please Mail or Hand-Deliver application to: City of Missouri City

Attention: Housing Rehabilitation Program

1522 Texas Parkway

Development Services Office

Missouri City, TX 77489



City of Missouri City

Eligible Incomes for CDBG Beneficiaries

Effective January, 2014

| Household Size | Extremely Low Income* (≤ 30% of Area Median) | Very Low Income* (30.1%-50% of Area Median) | Low Income* (50.1%-80% of Area Median) |
|-----------------------|---|--|---|
| 1-person | \$14,000 | \$23,350 | \$37,350 |
| 2-person | \$16,000 | \$26,650 | \$42,650 |
| 3-person | \$18,000 | \$30,000 | \$48,000 |
| 4-person | \$20,000 | \$33,300 | \$53,300 |
| 5-person | \$21,600 | \$36,000 | \$57,600 |
| 6-person | \$23,200 | \$38,650 | \$61,850 |
| 7-person | \$24,800 | \$41,300 | \$66,100 |
| 8+-person | \$26,400 | \$44,000 | \$70,400 |

Over the past couple of years, HUD has begun changing the terminology for income limits for the CDBG program to match that for the public housing programs. You will now find that often “very low income” (<30% of area median) is now called “extremely low income”; “low income” (31-50% AMI) is now called “very low income”; and “moderate income” (51-80% AMI) is now called “low income”. Both the old and new terms are used and interchanged.